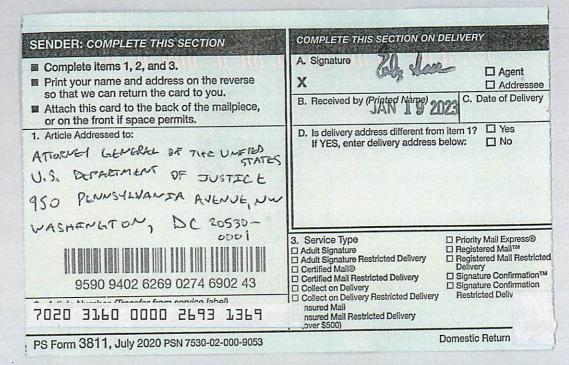
Civil Action No. 1: 23 - CV - 00003 - 5w5

## **PROOF OF SERVICE**

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

•	1/19/2023		
☐ I personally served	the summons on the individual at	(place)	
		on (date)	; or
☐ I left the summons a	at the individual's residence or us	ual place of abode with (name)	
	, a person	of suitable age and discretion who res	ides there,
on (date)	, and mailed a copy to the	e individual's last known address; or	
☐ I served the summor	ns on (name of individual)		, who
designated by law to a	ccept service of process on behal	f of (name of organization)	
		on (date)	; or
☐ I returned the summ	ions unexecuted because		; (
My fees are \$	for travel and \$	for services, for a total of \$	0.00
I declare under penalty	for travel and \$ of perjury that this information is	<del></del>	0.00
I declare under penalty		<del></del>	0.00
·		s true.  Server's signature  Jake DeWilde, Plaintiff	0.00
I declare under penalty		s true.  Server's signature	0.00
I declare under penalty		s true.  Server's signature  Jake DeWilde, Plaintiff	0.00

Additional information regarding attempted service, etc:



U.S. Postal Service™ CERTIFIED MAIL® RECEIPT 0 口 For delivery information, visit our website at www.usps.com LEI m 400 Certified Mail Fee 밀 Extra Services & Fees (check box, dd feer appropries Return Receipt (hardcopy) Return Receipt (electronic) Certified Mall Restricted Delivery Adult Signature Required Adult Signature Restricted Delivery \$ 3760 ostage 08 Total Postage and Fees 7020 Sent To Street and Apt. No., or PO Box No. City, State, ZIP+4

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON D	DELIVERY
■ Complete items 1, 2, and 3.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  UNITED STATES ATTORNEY'S OFFICE T.C. O'MAHONEY FEDERAL CONDITIONS  21 20 CAPITON ANEMY, SUITE 4000 CHEYENAL, WY \$ 2001		Agent  Addressee  C. Date of Delivery  Titem 1? Yes  Delow: No
9590 9402 6269 0274 6902 29  2. Article Number (Transfer from service label)  7020 3160 0000 2693 1376	3. Service Type  Adult Signature Adult Signature Restricted Delivery Certified Mail® Collect on Delivery Collect on Delivery Insured Mail Insured Mail Restricted Delivery (over \$500)	☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐
PS Form 3811, July 2020 PSN 7530-02-000-9053	1 · I	Domestic Return Receipt

